

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A-1 Office of Registrar of Vital Statistics. Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 25, 1887

Full Name of Deceased, Esther Smith { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 12 Months, 18 Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, Maryland { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 4 years

Place of Death, 647 Pierce St { Give Street and Number. }

Cause of Death, Inflam of Bowels  
Perforation  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Capitol Ground

Date of Burial, May 27 1887

Undertaker, Aug Hunsley

Place of Business, 561 Arch St Address, 607 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4692 Transcribed

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 113

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 2 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Adeline Patterson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 Years, — Months, — Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Marys County Maryland

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give Street and Number.} 904 Little Pine St

Cause of Death, {First (Primary), Second (Immediate),} Phthisis Pulmonalis

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery

Date of Burial, May 26 1887

Undertaker, Alex Hensley Medical Attendant, Geo C Shannon M. D.

Place of Business, 561 Orchard St Address, 1434 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Permit to Burials, to the Office whence issued Saturday of each week. No. A. 3.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 3. Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 25<sup>th</sup> 1887

Full Name of Deceased, Conrad Kuntz {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, Male {Cross out the word not required in this line.}

Age, 40 Years, 1 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, Single {Cross out the words not required in this line.}

Occupation, Watch-maker

Birth Place, Germany {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, 1414 Lafayette Ave {Give Street and Number.}

Cause of Death, {First (Primary), Tuberculosis Pulmonalis  
Second (Immediate), 2 years}

Duration of Last Sickness, 2 years  
All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 27<sup>th</sup> 1887

{ Undertaker, Joseph Schlemmer } Thermon Carter M. D. Medical Attendant.

{ Place of Business, 1039 Hanover } Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



Permits for Burials, to the Office whence issued, Saturday of each week.

No. 2,4

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 14 Office of Registrar of Vital Statistics.

Ward 18/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie A. Lohman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, — Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, 5 mos -

Place of Death, { Give Street and Number. } 1919 Christian St.

Cause of Death, { First (Primary), Second (Immediate), } Infantile Diarrhoea  
Ashtenia

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, May 27/87 G. F. Bowers M. D.

Undertaker, J. B. Cook

Medical Attendant.

Place of Business, 1003 W. Baltimore Address, 1904 Wilkin Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4693 Transit

[OVER.]



Permit for Burial

No. *A. 5*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. *A 5*

Office of Registrar of Vital Statistics.

Ward *14*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

*May 25th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Ella T. Smith*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *42* Years,

Months,

Days.

Color, *White*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

*Fredricksburg Va*

Duration of Residence in the City of Baltimore, *14* Years

Place of Death, { Give Street and Number. }

*Ramsay St # 1577*

Cause of Death, { First (Primary), Second (Immediate), }

*Over dose of Morphine taken by herself for relief of Rheumatism*

Duration of Last Sickness,

*4 1/2 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Louden Park Cem.*

Date of Burial, *May 27/87*

Undertaker, *J. B. Cook*

Place of Business, *1003 W. Baltimore*

*L. S. Spanow*

M. D.

Medical Attendant.

*Coroner*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.



Permits for Burial to be issued only by the Health Department, Baltimore will make returns of all  
 The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 6. Office of Registrar of Vital Statistics. Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible, for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 24<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Auduson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 27 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give Street and Number. } 630 Townsend St (West)

Cause of Death, { First (Primary), Phthisis Pulmonalis }  
 { Second (Immediate), Phthisis Pulmonalis }

Duration of Last Sickness, some years

All the above information should be furnished by the Physician

Place of Burial, Landon Park

Date of Burial, May 26/87

{ Undertaker, Denny & Mitchell } H. Clinton M. Sherrill M. D.  
 { Place of Business, 1201 N. Fayette } Medical Attendant.

Address, 617 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Permits for Burials, to the Office whence issued Saturday of each week.

No. *a. 7*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. *A. 7.*

Office of Registrar of Vital Statistics.

Ward *6*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 25<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Maggie Lehman*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *10* Years, *10* Months, *10* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give Street and Number. } *No 504 N Spring st*

Cause of Death, { First (Primary), Second (Immediate), } *Dentition*  
*Spasms*

Duration of Last Sickness, *6 Hours*

All the above information should be furnished by the Physician.

Place of Burial, *Eastern Public Cem*

Date of Burial, *May 26<sup>th</sup> 1887*

Undertaker, *Geo Kinschert* *Ernest Stumpp* M. D.

Place of Business, *Health Dept* Address, *Crown St & R*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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*Henry M McNewen Sanitary Inspector* [OVER.]



Permit for Burials, to the Office w

No. *A. 8*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. *A. 8*

Office of Registrar of Vital Statistics.

Ward *11*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

*May 24/87*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

*Frederick H. White*

Sex, Male or Female,

{ Cross out the word not required in this line.

Age,

Years,

*16 Months,*

Days.

Color,

*white*

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

*Baltimore City*

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number.

*214 S. Collington av.*

Cause of Death,

{ First (Primary),

{ Second (Immediate),

*Dentition*

*convulsions*

Duration of Last Sickness,

*10 days*

All the above information should be furnished by the Physician.

Place of Burial,

*St. Albans*

Date of Burial,

*May 26*

{ Undertaker,

*W. Dippel*

*R. W. Mansfield*

M. D.

{ Place of Business,

*151 S. Bond*

Address,

*129 S. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

Health Department, City of Baltimore.

Permit No. 549

*Office of Registrar of Vital Statistics.*

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 24<sup>th</sup> '87

*Full Name of Deceased,* { Write legibly and spell  
correctly. If an Infant  
not named, give names  
of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not  
required in this line. }

Age, 66 Years, 5 Months, 1 Days.

Color, Dark

Married, Single, Widow or Widower, { Cross out the words not  
required in this line. }

Occupation, Student

*Birth Place,* { State or country, and how  
long in the United States,  
if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give Street and }  
Number. }

timore, 575 Barre St.

*Cause of Death,* { First (Primary),  
Second (Immediate)

Arthur

Duration of Last Sickness,

One hour

All the above information should be furnished by the Physician.

Place of Burial, Lanell

Date of Burial, Friday 2<sup>nd</sup> 1887

(Undertaker, Samuel J. Chase)

*L. O. Phelps Smith* M. D.  
Medical Attendant.

Place of Business, 641 Howard Address

540 Barre sh

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

[OVER.]



Permit No. *A. 10* of *sub* No. *A. 10*  
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A. 10* Office of Registrar of Vital Statistics. Ward *11<sup>c</sup>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, *May 25/87*  
Full Name of Deceased, *Sophie Moore*  
Sex, ~~Male~~ or Female, *Female*  
Age, *59* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, *ed*  
~~Married~~, Single, Widow or Widower, *Widow*  
Occupation, *Laundress*  
Birth Place, *Starford Co*  
Duration of Residence in the City of Baltimore, *59 years*  
Place of Death, *622 Chestnut alley*  
Cause of Death, *old age*  
*ephraus*  
Duration of Last Sickness, *6 mo's*

All the above information should be furnished by the Physician.

Place of Burial, *Lanier Cemetery*  
Date of Burial, *May 26 1887*  
Undertaker, *S. W. Chase*  
Place of Business, *641 Howard* Address, *607 Franklin*  
Medical Attendant, *L. A. Fleming M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]